

State of California—Health and Human Services Agency
Department of Health Services



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Governor

December 5, 2003

TO: HOSPITAL ADMINISTRATORS
EMERGENCY DEPARTMENTS
INFECTION CONTROL PRACTITIONERS

FROM:

SUBJECT: CURRENT INFLUENZA OUTBREAK

Influenza activity nationally and in California is increasing rapidly and unusually early this year. In the winter of 1997-98 a similar epidemic caused severe stress on the healthcare system, due in part to the nursing shortage (which is ongoing), a decrease in hospital bed capacity, particularly intensive care, and over-utilization of emergency departments. The peak activity occurred at the beginning of the winter holiday season, which further contributed to personnel shortages. The current outbreak may be even more severe. Up-to-date summaries of influenza activity are available at <http://www.dhs.ca.gov/ps/dcdc/VRDL/html/FLU/Fluintro.htm>

Most of the influenza strains detected in the U.S. this season are a genetic variant of the strain present in the current influenza vaccine. This means that current vaccine will provide cross-protection, decreasing the severity of illness, if not completely preventing infection; so, vaccination is worthwhile.

We urge all acute care hospitals to take measures that can lessen the impact of a local influenza outbreak on your facility:

- Prioritize remaining vaccine to health care staff and individuals at high risk of complications*;
- Use any encounter as an opportunity to vaccinate, including emergency department and urgent care visits and acute care hospitalizations;
- Order additional influenza vaccine from your distributor, if available. Supplies are running short and public health inventories are now very limited.
- Expand hours or dedicate blocks of clinic time to accommodate patients with influenza-like illness in your primary care or urgent care clinics. Emergency Departments rapidly become overburdened;
- Encourage prescription of antiviral agents for *prophylaxis* of high-risk household contacts of confirmed influenza cases;
- Consider pre-planning space needs for flexible use of alternative space, such as creating urgent care or fast-track areas in or adjacent to emergency rooms to triage and manage patients with influenza-like illness;
- Consider postponing elective surgery if hospital capacity is exceeded;
- Review inventories of supplies and equipment (e.g. ventilators) which might be in short supply during an outbreak.

In addition, institution of a respiratory hygiene program is encouraged. Components of a respiratory hygiene program include:

- At entry, triage, or registration, ask all patients with symptoms of respiratory illness to wear a surgical mask, and provide instructions on their proper use and disposal;
- Offering masks to all other persons who enter the emergency room to use voluntarily for their own protection;
- For patients who cannot wear a surgical mask, providing tissues to cover the nose and mouth when coughing or sneezing and a small bag for mask and tissue disposal;
- Encourage and provide access to hand washing or a waterless hand hygiene product and instructing patients to decontaminate their hands after handling respiratory secretions and before their contact with a healthcare worker;
- Separating patients with respiratory illness from other patients by either placing them into a cubicle, examination room or some physical separation by at least 3 feet.

* Persons at high risk of complications from influenza include those ages ≥ 50 years and 6-23 months, pregnant women in their second or third trimester, residents of long term care facilities, children and teenagers receiving long-term aspirin therapy, and persons > 6 months with history of immunosuppression or a chronic medical condition such as diabetes, asthma, blood disorder or chronic metabolic, pulmonary, cardiac or renal disease.